

WHITNALL HIGH SCHOOL DANCE CONSENT FORM

Whitnall High School 5000 S. 116th St. Greenfield, WI 53228
p. 414-525-8500 f. 414-525-8501

This form must be completed and signed by a WHS Administrator BEFORE a ticket can be purchased.

Whitnall Student Name (print) Guest Student (print) First Name, Middle Initial, Last Name

Please check and complete one of the following:

Guest is currently a high school student at _____

Guest is a graduate of Whitnall High School Class of _____

Guest is a graduate of _____ Class of _____ Birth Date _____

Guest is not in school nor a high school graduate. Birth Date _____

My guest will present one form of a picture or school I.D. before being admitted to the dance. I am aware that my guest and I will have to abide by all the rules of Whitnall High School while participating in any of the WHS sponsored activities. I understand that failure to comply with school rules may result in dismissal from the dance or activities.

Whitnall Student Signature

Whitnall Parent/Guardian Signature

Parent Phone Number

Guest Student

I understand that all school rules are in effect at this WHS sponsored dance. Common courtesy, proper language and behavior are expected. I understand that smoking is against school rules regardless of age.

To help ensure the safety of students, random breathalyzer tests or searches of personal belongings will be administered before the dance by Whitnall faculty and the Greenfield Police Department. Staff will also follow up on any concerns during the dance. I hereby agree to submit to a breathalyzer or search if asked to do so. I understand that if I am found in possession or under the influence of an intoxicant or controlled substance, I will be denied entry or removed from the dance, will have my parent/guardian called, will face school disciplinary action, and will be referred to the police.

Guest Signature _____

Guest Parent/Guardian

I give my student permission to attend this WHS Dance. I understand that students must arrive by 8:00 p.m. and are not allowed to leave before 9:00 p.m. without my permission. I also understand and agree to the conditions as stated above including submission to a breathalyzer or search.

Guest Parent/Guardian Signature _____ Phone # _____

Whitnall High School Administrator Signature

Guest's Principal's Signature Date
School Seal